

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 23

September 16, 2005

**SUBJECT: AUTHORIZATION TO RELEASE MEDICAL INFORMATION,
FORM 5.03.0 - ACTIVATED**

PURPOSE: The *Federal Health Insurance Portability and Accountability Act* of 1996 [45 CFR 164.598] and the *California Confidentiality of Medical Information Act* [California Civil Code § 56 et seq.] state, in part, that any person or entity that wishes to obtain an individual's medical information shall obtain a valid authorization for the release of such information. Currently, the forms used by the Department to obtain an individual's medical information are not official Department forms. This Order activates the Authorization to Release Medical Information, Form 5.03.0. No other forms shall be used to authorize the release of medical information.

PROCEDURE:

**I. AUTHORIZATION TO RELEASE MEDICAL INFORMATION,
FORM 5.03.0 - ACTIVATED.**

- A. Use of Form.** This form shall be used to obtain authorization for the release of any medical record(s) from any arrestee or suspect, whether in custody or not, any person who receives medical treatment at a Department or private medical facility, or from any employee.
- B. Completion.** The requesting Department employee shall complete the form in the following manner:
- * The top section of the form titled "Your information" shall contain the name, date of birth, booking number, if any, complete address and DR number, if applicable, of the person whose medical information is being sought;
 - * The section titled "Description of the information to be released" should be completed by the requesting Department employee and should be as specific and meaningful as possible as to what information is being requested (i.e., all medical records related to a specific injury and incident). Do not write in "all" or "medical information";

- * Check and complete one of the two choices provided in the "Expiration" section (date not to exceed one year from the date of signature at the discretion of the person giving authorization);
- * The bottom portion of the form shall be filled out by the person who is the subject of the request. They shall print and sign their name and indicate the date they signed in the appropriate boxes.

C. Distribution.

- 1 - Original, forwarded to The City's Medical Services Division (MSD).
- 1 - Copy, to concerned Area case package (i.e., juvenile investigation forwarded to the concerned Area Juvenile section or Juvenile Division).
- 1 - Copy, given to individual whose medical records are being released.

3 - TOTAL

II. INVESTIGATING OFFICER'S RESPONSIBILITY. The investigating officer shall ensure that the form is properly completed and a copy of the form is given to the individual whose medical information is being released.

FORM AVAILABILITY: The Authorization to Release Medical Information, Form 5.03.0, will be available for ordering from the Department of General Services, Distribution Center, in about 60 days. A copy of the form is attached for duplication and immediate use.

AMENDMENTS: This Order adds Sections 4/210.29 and 5/5.03.0 to the Department Manual.

AUDIT RESPONSIBILITY: The commanding officer of the concerned bureau shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.

WILLIAM J. BRATTON
Chief of Police

Attachment

DISTRIBUTION "D"